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United Nations Population Fund

Country programme document for the Former Yugoslav Republic of Macedonia

Proposed indicative UNFPA assistance:	$2.5 million: $1.5 million from regular resources and $1 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	First
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.1	0.7	1.8
Outcome 2	Adolescents and youth	0.1	0.2	0.3
Outcome 4	Population dynamics	0.1	0.1	0.2
Programme coordination and assistance		0.2	–	0.2
Total		1.5	1.0	2.5

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I. Situation analysis

1. The Former Yugoslav Republic of Macedonia is an upper-middle-income country that has gone through major social and political changes since gaining independence in 1991. The gross domestic product per capita in 2013 was $4,838. The human development index for 2013 ranked it 84 out of 187 countries, while the gender gap index ranked it 70 out of 142 countries.

2. The significant economic gains have been unevenly distributed, with the bottom quintile receiving less than one twentieth of equalized income and the top quintile receiving almost half. The total unemployment rate in 2014 was 28 per cent. The youth unemployment rate was 53.1 per cent (52 per cent for men and 55 per cent for women). People with education below the secondary level, those living in large households or in rural areas, women with multiple pregnancies in their early reproductive life and people with disabilities are the most disadvantaged.

3. Some 83 per cent of children in the general population have attended secondary school but only 38 per cent of Roma children have. Among Roma children, 58 per cent do not attend secondary school at all, and their access to information is limited. The social norms, practices and cultural values of the Roma perpetuate stigma, neglect and discrimination of service providers against these communities.

4. According to official figures, the total population in 2013 was 2,069,172. The last census was carried out in 2002; reliable population data is scarce and the statistics system needs harmonizing with international standards. The total fertility rate stands at 1.52. The share of persons over 65 years of age is 11.7 per cent of the total population; it is expected to reach 26.7 per cent by 2050. Due to internal migration to urban areas, 58 per cent of the population now lives in cities. There is no in-depth demographic and health research to document fertility patterns and preferences or gender and intergenerational relations to inform evidence-based population policies, including for social inclusion. The national population strategy, 2015-2024, developed with UNFPA support, has been recently adopted.

5. The law on health protection provides universal coverage. Public health expenditure is 4.58 per cent of the gross domestic product. Work on sexual and reproductive health is governed by the national strategy on sexual and reproductive health, 2010-2020, and the national strategy on safe motherhood, 2010-2015. The health information system needs improvement, currently it results in poor evidence-based planning and monitoring of financing and standards of care. The health system response to the floods in February 2015 was generally adequate; support is needed to integrate reproductive health into the emergency response.

6. The maternal mortality rate has decreased, from 11 per 100,000 live births in 1991 to 4 per 100,000 live births in 2012, but reliability of data remains a concern. The infant mortality rate has increased, from 7.6 per 1,000 live births in 2010 to 9.9 in 2013, with 59 per cent neonatal deaths. Accessibility and quality of emergency obstetrics and neonatal care is limited by a poor referral system and insufficient capacity of health-care providers. Although antenatal care is free of charge, regulations are unclear, some women are charged for services.

7. The total contraceptive prevalence rate increased from 13.5 per cent among women aged 15-49 years in 2006 to 40.2 per cent in 2011. While the modern contraceptive prevalence rate has increased among women aged 15-49 years, from 9.8 per cent in 2006 to 12.8 per cent in 2011, the rates are lower among rural, poor and low-educated women, and has decreased for Roma women from 9.5 per cent in 2006 to 7.2 per cent per cent in 2011. Unmet need for family planning stands at 17.2 per cent in the total population and 22.2 per cent among the Roma. Supply and demand for modern contraceptives is low; this is due to (a) poor quality of family planning services, with insufficient numbers of trained service

providers and uneven distribution among urban and rural areas; (b) prejudices against contraception among medical practitioners and the general population; (c) lack of sexuality education, cultural barriers, stigma and discrimination, especially for the Roma and other marginalized groups; and (d) high market prices and lack of free-of-charge contraceptives for socially marginalized groups.

8. The adolescent birth rate is 13 per 1,000 women aged 15-19 years and 94 per 1,000 women among the Roma. Some 31 per cent of boys and 3 per cent of girls initiate sexual life before the age of 14; and 11 per cent of women aged 20-49 years were married before the age of 18. The country lacks intersectoral protocols for cooperation to prevent girls from entering into early marriage and to support those who already have married.

9. The HIV prevalence rate is below 0.1 per cent; the epidemic mostly affects injecting drug users, sex workers, men having sex with men and prisoners. Some 239 cases of HIV were registered by 2014, with 90 persons currently on antiretroviral therapy. Nearly half (49.7 per cent) of youth aged 15-24 years reported using condoms consistently in the last 12 months; 19.4 per cent correctly identified ways of preventing HIV sexual transmission, but only 2.5 per cent had taken an HIV test in the past 12 months. Youth sexual and reproductive health needs are not prioritized in the health system and comprehensive sexuality education is insufficiently incorporated in school curricula.

10. The breast cancer incidence rate was 111.7 per 100,000 women in 2013, with a mortality rate of 28.7 per 100,000 women. The cervical cancer incidence rate was 16.6 per 100,000 women in 2013, with a mortality rate of 14.4 per 100,000 women. Cancer prevention strategies and action plans lack implementation frameworks and sustainability.

11. Discriminatory customs, traditions and stereotypes significantly affect the status of women. While there are supportive legislative changes, widespread domestic violence and gender-based violence remain underreported, with almost half of the surveyed women experiencing at least one form of violence in their lifetime. Early marriage remains a concern; the sex ratio at birth was 109 males per 100 female births in 2013 and 106 males per 100 female births in 2014, pointing to possible gender-biased sex selection. The integrated system of data collection on gender-based violence is underutilized. The health system insufficiently addresses gender-based violence; counselling services and long-term reintegration programmes for survivors of violence are both lacking. The recently established intersectoral body for human rights needs to be strengthened to monitor sexual and reproductive rights and gender-based violence.

II. Past cooperation and lessons learned

12. Since 2007, the country office has implemented projects focused on (a) sexual and reproductive health, including youth sexual and reproductive health; (b) gender equality and violence against women; and (c) development of evidence-based population strategies.

13. An evaluation of previous programme activities has highlighted a number of achievements: (a) high relevance of the programme to population needs; (b) successful leverage of funds; (c) significant added value to the United Nations country team, the Government and other partners; (d) improved national capacity for sexual and reproductive health evidence-based policy formulation and implementation; and (e) improved national capacity to formulate development policies that take into consideration population dynamics.

14. The evaluation also highlighted a number of challenges: (a) acceptability and equitable access to quality reproductive health for marginalized groups, especially Roma, need improvement; (b) gender-based violence and early marriage remain widespread and underreported; and (c) reliability of population data remains a concern.

15. Based on lessons learned, the evaluation recommended that the programme (a) prioritize the most vulnerable, to ensure equitable access to integrated sexual and reproductive health services; (b) integrate and mainstream youth, gender and humanitarian issues; (c) ensure sustainability and ownership through active partnership with the Government, civil society, United Nations and other development partners; (d) address the data gap and provide evidence-based policy advice; and (e) ensure functional links between programme components.

III. Proposed programme

16. The programme is aligned with national priorities, aspiring to European Union integration, the United Nations Partnership for Sustainable Development, 2016-2020, the UNFPA Strategic Plan, 2014-2017, and the Programme of Action of the International Convention on Population and Development. Applying a human rights-based approach, the programme will be guided by three key principles: (a) access to affordable, high-quality integrated sexual and reproductive health services that meet human rights standards; (b) strengthened accountability, to eliminate all forms of discrimination; and (c) empowerment of marginalized groups, with a focus on the beneficiaries of social transfers, Roma and rural women, adolescents and youth, particularly girls, and key populations at risk of HIV infection. The programming strategies include advocacy, policy dialogue and advice, technical assistance and promotion of South-South cooperation. The country office will work closely with the UNFPA Regional Office for Eastern Europe and Central Asia. Gender interventions at the national level will be part of the regional gender programme. UNFPA will strengthen its existing partnerships and establish new ones with relevant government institutions, civil society organizations, United Nations organizations and other regional development partners.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Increased national capacity to formulate and implement rights-based policies on integrated sexual and reproductive health services, including in humanitarian settings. In line with the national strategy on sexual and reproductive health, 2010-2020, the concluding observations of the United Nations Committee on the Elimination of Discrimination against Women (CEDAW), aiming to reduce inequities and increase equal access to quality sexual and reproductive health services, particularly maternal care and family planning, UNFPA, together with partners, will provide advocacy, policy advice and technical support in the following areas: (a) formulation and implementation of evidence-based policies, administrative frameworks and quality standards for sexual and reproductive health services that address reproductive rights and violence against women; (b) strengthening the health information system to monitor transparent financing and quality standards of maternal health and family planning services, including in humanitarian settings; (c) strengthening reproductive health commodity security; (d) increasing knowledge and skills of service providers to deliver high-quality sexual and reproductive health services, including for vulnerable groups; (e) increasing knowledge and skills on safe sexual behaviour and utilization of sexual and reproductive health services; (f) integrating the Minimum Initial Service Package for reproductive health in crisis situations in the health system response; and (g) strengthening the national human rights protection system to monitor reproductive rights.

B. Outcome 2: Adolescents and youth

18. Output 1: Strengthened national capacity to incorporate adolescents and youth and their human rights and needs in laws, policies and programmes, including in humanitarian settings. UNFPA will partner with the United Nations Development Programme, the United Nations Children's Fund and the World Health Organization to provide advocacy, policy advice and technical support in the following areas: (a) availability and utilization of data

for development of evidence-based, gender-sensitive policies and strategies on youth, with a focus on marginalized groups, including the Roma, migrants and key populations at risk of contracting HIV; (b) establishment of participatory advocacy platforms for increased investment in marginalized adolescents and youth; (c) strengthening youth peer-education programming, including gender-transformative programming; and (d) revision of school curricula to incorporate comprehensive gender-sensitive and age-appropriate sexuality education.

C. Outcome 4: Population dynamics

19. Output 1: Strengthened national capacity to formulate and monitor implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development, including in humanitarian settings. UNFPA will focus on advocacy, policy advice and technical support, and will partner with United Nations agencies and relevant development partners to strengthen (a) national capacities for population data collection, analysis, dissemination and use for informed policy development; (b) utilization of data to identify social and economic inequalities that affect women, adolescents, youth, the elderly and marginalized populations; and (c) national capacity to formulate comprehensive programmes, in line with the Madrid International Plan of Action on Ageing, and promote intergenerational solidarity.

IV. Programme management, monitoring and evaluation

20. Programme implementation will be guided by the standard operating procedures of the United Nations Development Group for 'delivering as one'. UNFPA will promote strategic partnerships with relevant government institutions, civil society organizations, United Nations agencies and other development partners, in line with the partnership plan. The resource mobilization strategy will consider strategic partnerships for leveraging influence and co-financing with international and bilateral donors, the private sector and the Government. The country office will participate in joint programmes and projects in reproductive health, population and development, youth and gender equality.

21. The country office mostly uses direct execution, though national execution is the preferred implementation arrangement. UNFPA will work with implementing partners and encourage national execution. UNFPA will carefully select implementing partners based on their strategic position and ability to deliver high-quality programmes and will monitor their performance, strengthen their programming and financial accountability and periodically adjust implementing arrangements. The country office will develop a monitoring and evaluation plan and related tools for periodic progress reviews and may reprogramme development activities in the event of an emergency.

22. The non-resident UNFPA country director will oversee programme implementation, supported by an assistant representative and an administrative finance associate. The country office includes staff funded by the institutional budget, and will allocate programme resources for a sexual and reproductive health programme analyst and support staff, prioritizing the technical skills sets for advocacy and policy dialogue. The country office will seek technical support from the regional office and technical units at UNFPA headquarters or other partners, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR MACEDONIA (2016-2020)

National priority: Development of a health system that will improve, promote and sustain the health of all citizens, based on equality and solidarity and bearing in mind the citizens' real needs
UNDAF outcome: By 2020, more members of socially excluded and vulnerable groups will be empowered to claim their rights and enjoy a better quality of life and equitable access to basic services
Indicator: Share of population at risk of poverty or social exclusion. *Baseline: (2012): 50.3%; Target (2020): TBD*

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human-rights standards for quality of care and equity in access. Outcome indicator(s): • Modern contraceptive prevalence rate *Baseline: 13%; Target:16%* • Increase in the national budget for sexual and reproductive health by at least 5% *Baseline: No; Target: Yes*	Output 1: Increased national capacity to formulate and implement rights-based policies to deliver high-quality integrated sexual and reproductive health services, including in humanitarian settings	• Number of guidelines, protocols and standards for health care and outreach workers developed or revised, in line with international standards, for delivery of high-quality sexual and reproductive health services, addressing violence against women *Baseline: 0; Target: 5* • National maternal death surveillance and response system established and operational at local and national levels *Baseline: No; Target: Yes* • Number of national policies that address reproductive health needs of women, adolescents, youth and elderly, including services for survivors of sexual violence in crisis situations and people living with HIV *Baseline: 1; Target: 5* • A functioning tracking and reporting system exists to follow up on the implementation of the international human-rights mechanisms recommendations regarding reproductive rights *Baseline: No; Target: Yes*	Ministry of Health; Institute for Public Health; Institute for Mother and Child Health; Agency for Accreditation and Standardization of Health Institutions; civil society organizations; professional associations; Crisis Management Centre; Centre for Continuous Medical Education of Family Doctors; Parliament; United Nations partners	$1.8 million ($1.1 million from regular resources and $0.7 million from other resources)
National priority: Undertaking reforms to increase efficiency, effectiveness and accountability; boosting the transparency and openness of the system; improving the quality of services; and raising the level of satisfaction of citizens and private legal entities that utilize public services **UNDAF outcome:** By 2020, national and local institutions will be better able to design and deliver high-quality services for all residents, in a transparent, cost-effective, non-discriminatory and gender-sensitive manner **Indicator**: Share of young people (under age 29) who see their future in the country. *Baseline (2016): TBD in 2016; Target(2020): TBD in 2016*				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young	Output 1: Increased priority on adolescents, especially on very young adolescent girls, in national	• Number of interventions targeting vulnerable youth that are included in the national youth strategy and related action plans *Baseline: 0; Target: 10*	Ministries of Health; and Education; civil society; United	$0.3 million ($0.1 million from regular resources and

adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s): • Number of laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services *Baseline: 0; Target: 2*	development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	• Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth within development and health policies and programmes *Baseline: 1; Target: 2*	Nations partners	$0.2 million from other resources)
National priority: Achieving sustainable economic development through good social protection of the most vulnerable population groups. **UNDAF outcome:** By 2020, more members of socially excluded and vulnerable groups will be empowered to claim their rights and enjoy a better quality of life and equitable access to basic services. **Indicator:** Share of population at risk of poverty or social exclusion. *Baseline (2012): 50.3%; Target (2020): TBD*				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis of population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Number of new national and local development plans that consider population dynamics in setting development targets *Baseline: 1; Target: 4*	Output 1: Strengthened national capacity to formulate and monitor implementation of rights-based policies that integrate evidence on population dynamics, gender, sexual and reproductive health, HIV and their links to sustainable development, including in humanitarian settings	• Functional national tracking system for monitoring and evaluation of implementation of population policies *Baseline: No; Target: Yes* • Number of population databases accessible by users through web-based platforms that facilitate mapping of socioeconomic, gender and demographic inequalities *Baseline: 0; Target: 1*	Ministries of Health, and Labour and Social Policy; State Statistical Office, United Nations partners; civil society organizations, academia	$0.2 million ($0.1 million from regular resources and $0.1 million from other resources) Programme coordination and assistance: $0.2 million from regular resources